



CITY OF LYNWOOD

HOME OCCUPATION POLICY STATEMENT

PLEASE READ THE FOLLOWING REGULATIONS CAREFULLY AND SIGN ON REVERSE SIDE. THE HOME OCCUPATION PERMIT REQUIRES THAT THE APPLICANT FULLY UNDERSTAND AND ABIDE BY THE TERMS OF THIS AGREEMENT.

The Lynwood Municipal Code sets forth guidelines for home enterprises in residential districts. The purpose of Chapter 4-22 is to allow persons who reside in a residential district the opportunity to initiate a business enterprise while maintaining the residential character of the neighborhood, ensuring that surrounding residents' enjoyment of their neighborhood and property will not be diminished.

- A. The carrying on of any business within the home shall be a secondary use.
- B. The business shall not occupy more than 400 sq. ft. or 25% of the ground floor space, nor any part of the garage.
- C. No employees or assistants shall be engaged for services on the premises.
- D. No stock in trade shall be kept for display purposes on the premises.
- E. The use shall not generate pedestrian or vehicular traffic in excess of that customarily associated with the zone or district in which the use is located.
- F. The use shall not be such as to require delivery, by commercial vehicles, of supplies or materials to or from the premises.
- G. No use will be permitted which by reason of color, design, materials, construction, lighting, signs, sounds, noises, or vibrations alters the residential character of the premises or which unreasonably disturbs the peace and quiet of the neighbor(s).
- H. The use shall not be such as to create excessive demand for municipal or utility services or community facilities beyond those actually and customarily provided for residential uses.
- I. The following occupations are specifically excluded: Real estate sales, beauty shops, doctors' offices, barber shops, cleaning and dyeing, shoe repairing, gun repair/sales, auto repair/sales, and food sales of any kind.
- J. Stored materials used in connection with the home occupation shall not exceed 300 cubic feet nor stand more than 6 feet in height from floor level. Total business usage will not increase the fire load by more than 5%.
- K. The Building, Planning and Fire prevention inspectors shall have the right of reasonable inspection as with any other business within the City, for the purpose of protecting the general health and welfare.

HOME OCCUPATION LICENSING INFORMATION AND PROCEDURES

- A non-refundable \$30.00 filing fee is to be paid when application is submitted.
- After approval, an additional \$45.00 license fee will be due.
- If applicant is renting or leasing house/apartment, a letter of permission from the property owner or management company giving permission to operate said business, must accompany this application.
- Notices are sent from this office to all property owners within 150 feet in all directions from your house/apartment, notifying them of your intent to start this business. If anyone objects within a ten (10) day period, the application is denied and must be referred to the Planning Commission for a hearing if the applicant wants the application continued. Otherwise, the application is canceled.
- The fee for the Planning Commission hearing is \$285.00, payable in advance, and is non-refundable.
- Inspections of your home will be made by our Building, Planning and Fire Departments to determine whether there are any zoning restrictions, or safety or fire hazards.
- If no objections are received, and you receive approval from the Building, Planning and Fire Departments, you can be licensed to conduct your business.



CITY OF LYNWOOD

11330 Bullis Road • Lynwood, CA 90262 • (310) 603-0220

BUSINESS LICENSE APPLICATION

Please Check One

NEW APPLICATION

CHANGE OF OWNER

CHANGE OF ADDRESS

CHANGE OF BUSINESS NAME

PLEASE TYPE OR PRINT CLEARLY:

Business Name _____

Business Location _____
(Not P. O. Box)

City _____ State _____ Zip _____

Mailing Address _____
(If Different)

City _____ State _____ Zip _____

Bus. Phone () _____ Bus. Fax () _____

E-Mail Address _____

OFFICIAL USE ONLY

BUSINESS LICENSE NO. _____

EXPIRATION DATE _____

TOTAL AMT. PAID \$ _____

DATE PAID _____ CASH CHECK

RECEIPT NO. _____ CHARGE

BUSINESS TYPE _____

RATE TYPE _____

APPROVED BY _____

DATE _____

Start Date: _____ Description of Business: _____

L.A. County Health Dept. Certification No. _____

Workers' Compensation Policy No. _____

Ownership: Corporation Ltd. Liability Corp. Partnership Sole Proprietor Trust

State Lic. No. _____ License Type _____ Expiration Date _____

Resale No. _____ Federal I.D. No. _____ State I.D. No. _____

ENTER BELOW NAMES OF OWNERS, PARTNERS, OR CORPORATE OFFICERS - Attach additional page if necessary

Owner Name _____ Title _____ Phone () _____

Home Address _____ Cell Phone () _____

City _____ State _____ Zip _____

Social Security No. _____ Driver's License No. _____ Date of Birth _____

Owner Name _____ Title _____ Phone () _____

Home Address _____ Cell Phone () _____

City _____ State _____ Zip _____

Social Security No. _____ Driver's License No. _____ Date of Birth _____

EMERGENCY CONTACT:

Name _____ Title _____ Phone () _____

Address _____ Cell Phone () _____

ALARM COMPANY (if applicable):

Name _____ Title _____ Phone () _____

Address _____ License No. _____

Estimated Gross Receipts \$ _____

No. of Units _____ No. of Employees _____

No. of Vehicles _____ Vehicle License No. _____

No. of Video Games _____

No. of Coin-Operated Machines _____

Type of Machine(s) _____

Location of Machine(s) _____

Machine(s) Owned By _____

License Fee \$ _____

Filing Fee \$ _____

Fire Clearance Fee \$ _____

Penalty Fee \$ _____

TOTAL AMOUNT DUE \$ _____

I hereby certify, under penalty of perjury, that the information contained in this application is true and complete to the best of my knowledge. I agree to comply with all applicable laws, ordinances and regulations pertaining to the operation of this business.

Signature of Owner or Representative _____ Date _____

